

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-039482

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 112

Primary Registration District No. 5429

Registrar's No. 25

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>FRANKLIN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>BEAUFORT, MO.</b>		c. CITY OR TOWN <b>LESLIE RR</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>AT HOME</b>		d. STREET ADDRESS (If outside, give location) <b>---</b>	
3. NAME OF DECEASED (Type or print) <b>EMILIE S. PETERS</b>		4. DATE OF DEATH <b>NOV. 8 1963</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 24-1891</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>HOUSE WIFE</b>		11. BIRTHPLACE (City and state or country) <b>LESLIE MO. RR</b>	
13a. FATHER'S NAME <b>AUG. REMMERT</b>		14. NAME OF HUSBAND OR WIFE <b>EW. W. PETERS</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>---</b>		17. INFORMANT <b>EW. W. PETERS</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary Embolism</b> DUE TO (b) <b>Arterial Thrombosis</b> DUE TO (c) <b>Thrombosis of the</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>---</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2-3 days</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>---</b>		20c. TIME OF INJURY Hour <b>---</b> Month, Day, Year <b>---</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>---</b>	
20f. CITY, TOWN, OR LOCATION <b>BEAUFORT, MO.</b>		20g. COUNTY <b>FRANKLIN</b> STATE <b>MO.</b>	
21. I attended the deceased from <b>Dec 1960 to 11-8-63</b> and last saw her alive on <b>11-8-63</b> Death occurred on <b>Nov 9-63</b> at <b>9:30</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Charles A. Smith M.D.</b>	
22b. ADDRESS <b>General</b>		22c. DATE SIGNED <b>11-8-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>NOV. 10-1963</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>ST. JOHNS. LUTH. CEM.</b>		23d. LOCATION (City, town, or county) <b>BEAUFORT, MO.</b>	
24. FLUNERAL DIRECTOR <b>Harold W. Haldenuth</b>		25. DATE RECD. BY LOCAL REG. <b>Nov 9-1963</b>	
26. REGISTRAR'S SIGNATURE <b>John Charles Finley</b>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

ITEM NO.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

NOV 14 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Stanley E. Thayer*

Licensed Embalmer No.

7639

P. O. Address

Union Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.